

To:
Independent Labs
HMOs and Other
Managed Care
Programs

Code changes for independent laboratories

Effective immediately, Wisconsin Medicaid has expanded the covered laboratory procedure codes and added new combinations of type of service (TOS) and place of service (POS) codes for independent laboratories.

Updated and expanded independent laboratory procedure code and type of service list

Effective immediately, Wisconsin Medicaid reimburses independent laboratories for most laboratory procedure codes in the *Current Procedural Terminology* (CPT) code range 80048-89399 and 99000-99001 when submitted with the appropriate type of service (TOS) code. This includes all 2002 CPT laboratory procedure codes. Place of service code "A" (independent laboratory) has been added for all laboratory procedure and TOS code combinations in the range specified above.

Providers are reminded they are required to submit all claims within 365 days from the date of service.

Types of service added for laboratory procedure codes

The following defines the allowable TOS codes for laboratory procedure codes:

- "3" — Consultation.
 - ✓ Wisconsin Medicaid reimburses physicians for consultations only when medically necessary and appropriate

for the recipient's treatment.

Laboratory consultations are reimbursable only when performed at the request of the attending physician and the results are contained in a written report, which is maintained in the recipient's medical record.

- "5" — Diagnostic laboratory — total or complete procedure, including professional and technical components.
 - ✓ For procedure codes reimbursable only as a complete procedure (TOS "5"), a written report is not necessary. For example, procedure code 81000 is listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* with a TOS "5." Because this procedure code can only be billed as a complete procedure (TOS "5"), a written report is not necessary.
 - ✓ For procedure codes having the option of billing TOS "5," "U," or "X," or having the option of billing TOS "5," or "X," a written report must be produced and maintained in the recipient's medical record when the procedure is submitted with TOS "5." For example, procedure code 85390 listed in the Attachment has a TOS "5," "U," and "X." When this procedure code is

billed with a TOS “5” it requires a written report.

- “U” — Diagnostic laboratory — technical component only.
- “X” — Diagnostic laboratory — professional component only (interpretation), generally used by pathologists.
- ✓ For procedure codes having the option of billing TOS “5,” “U,” or “X,” or having the option of billing TOS “5,” or “X,” a written report must be produced and maintained in the recipient’s medical record when the procedure is submitted with TOS “X.” For example, procedure code 85390 listed in the Attachment has a TOS “5,” “U,” and “X.” When this procedure code is billed with a TOS “X” it requires a written report.

Refer to the Attachment for a list of allowable laboratory procedure and TOS codes. This list replaces the list of allowable CPT codes contained in Appendix 4 of the Independent Laboratory Services Handbook.

Managed care disclaimer

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Allowable type of service codes for pathology and laboratory services performed by independent laboratories (place of service code "A")

Pathology and Laboratory Services		
Service	Procedure codes	Type of service
Organ or Disease Oriented Panels	80048-80090	5
Drug Testing	80100-80103	5
Therapeutic Drug Assays	80150-80299	5
Evocative/ Suppression Testing	80400-80440	5
Consultations	80500-80502	3
Urinalysis	81000-81099	5
Chemistry	82000-83018	5
	83020-83021	5, U, X
	83026-83690	5
	83715-83716	5, U, X
	83718-83785	5
	83788-83789	5, U, X
	83805-83906	5
	83912	5, X
	83915-84160	5
	84165-84182	5, U, X
	84202-84999	5
Hematology and Coagulation	85002-85385	5
	85390	5, U, X
	85400-85557	5
	85576	5, U, X
	85585-85999	5
Immunology	86000-86243	5
	86255-86256	5, U, X
	86277-86318	5
	86320-86334	5, U, X
	86336-86849	5
Transfusion Medicine	86850-86999	5

Pathology and Laboratory Services (continued)		
Service	Procedure codes	Type of service
Microbiology	87001-87158	5
	87164-87166	5, U, X
	87168-87206	5
	87207	5, U, X
	87210-87904	5
	87999	5, U, X
Cytopathology	88104-88125	5, U, X
	88130-88140	5
	88141	X
	88142-88155	5
	88160-88162	5, U, X
	88164-88167	5
	88172-88199	5, U, X
Cytogenetic Studies	88230-88289	5
	88291	X
	88299	5, U, X
Surgical Pathology	88300-88319	5, U, X
	88321-88329	3
	88331-88399	5, U, X
Transcutaneous Procedures	88400	5
Other Procedures	89050-89261	5
	89264	5, U, X
	89300-89321, 89350, 89360-89365	5
	89399	5, U, X
Special Services, Procedures and Reports	99000 (POS* code "3")	5
	99001 (POS* code "4")	5
HCFA Common Procedure Coding System Codes	G0026-G0027	5
	P2028-P3001, P9010-P9044, P9615	5
	Q0111-Q0114	5
	S3645-S3650	5
	S3708	5, U, X

*Place of service

3 = Doctor's Office

4 = Home